



CITY OF LINCOLN
NEBRASKA

Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492

LINCOLN
The Community of Opportunity

MAYOR COLEEN J. SENG

www.ci.lincoln.ne.us

October 24, 2003

Mayor Seng and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Seng and Members of the City Council:

An investigation has been made regarding the application of Kwik Shop #619, 2302 Cornhusker Highway requesting a class D liquor license.

Kwik Shop has requested that Mary Hoage be approved as the manager of the liquor license.

Background information on the Mary Hoage will be omitted as she has been approved by the Council as the manager on 16 current Kwik Shop liquor licenses.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.


THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



STATE OF NEBRASKA

Set date: ~~11/3/03~~ 11/17/03
PH:

Mike Johanns
Governor

FILED
CITY CLERK'S OFFICE

OCT 22 PM 4 19

CITY OF LINCOLN
~~NEBRASKA~~

October 21, 2003

NEBRASKA LIQUOR CONTROL COMMISSION
Forrest D. Chapman
Executive Director
301 Centennial Mall South, 5th Floor
P.O. Box 95046
Lincoln, Nebraska 68509-5046
Phone (402) 471-2571
Fax (402) 471-2814
TRS USER 800 833-7252 (TTY)

City Clerk
555 S. 10th Street, Ste. 103
Lincoln, NE 68508

Kwik Shop #619
2302 Cornhusker Hwy
Class D

Dear Local Governing Body:

Attached is the form to be used on all retail liquor license applications. Local clerks must collect proper license fees and occupation tax per ordinance, if any, before delivering the license at time of issuance.

TWO KEY TIME FRAMES TO KEEP IN MIND ARE:

A3-120752
127

- 1) You have 45 days to conduct a hearing after the date of receipt of the notice from this Commission (§53-134). You may choose **NOT** to make a recommendation of approval or denial to our Commission.

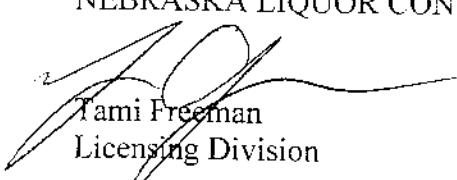
PER §53-133, THE LIQUOR CONTROL COMMISSION SHALL SET FOR HEARING ANY APPLICATION WHEREIN:

- 1) There is a recommendation of denial from the local governing body.
- 2) A citizens protest; or
- 3) Statutory problems that the Commission discovers.

PLEASE NOTE...A LICENSEE MUST BE "PROPERLY" LICENSED IN ORDER TO PURCHASE FROM WHOLESALERS; AND, A LICENSE IS EFFECTIVE:

- 1) Upon payment of the license fees;
- 2) Physical possession of the license;
- 3) Effective date on the license.

Sincerely,
NEBRASKA LIQUOR CONTROL COMMISSION


Tami Freeman
Licensing Division

Enclosures
Rhonda R. Flower
Commissioner

Bob Logsdon
Chairman
An Equal Opportunity/Affirmative Action Employer

R.L. (Dick) Coyne
Commissioner

16 licenses

City Clerk

APPLICATION FOR LICENSE
Nebraska Liquor Control Commission
PO Box 95046,
301 Centennial Mall South
Lincoln, NE 68509-5046

<http://www.nol.org/home/NLCC/>
Phone: (402) 471-2571
Fax: (402) 471-2814

LIC # 61232

RECEIVED

SEP 18 2003

NEBRASKA LIQUOR
CONTROL COMMISSION

INSTRUCTIONS: Include: 1. Applicable fees payable to Liquor Control Commission 2. Copy of birth certificate or naturalization papers proving U.S. citizenship for each individual and spouse named on application (not required of corporations or spouse(s) who file an affidavit of no interest with application, Commission form 4178 3. Corporations must include copy of articles of incorporation as filed with the Secretary of States office in the state of Nebraska 4. Commission checklist, form 4251 5. Fingerprint cards and processing fees (are required of individuals, all partners and spouses. Corporate applicants must file for CEO/Manager & stockholders holding over 25% stock 6. All applications must be typewritten or printed clearly 7. Submit in **Triplicate** 8. Required areas marked by a red asterisk (*)

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND LIST OF FEES FOR EACH

Class of License (Check applicable class) *	Registration Fee	License Fees	Corporate Surety Bond *send copy
<input type="checkbox"/> A Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> F Beer, On Sale Only - Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> B Beer, Off Sale Only - Inside/Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> J Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> I Spirits, Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input checked="" type="checkbox"/> D Spirits, Wine, Beer, Off Sale Only - Inside Corporate Limits	\$45.00	\$150.00	exempt
<input type="checkbox"/> DI Spirits, Wine, Beer, Off Sale Only - within extraterritorial zoning jurisdiction	\$45.00	\$150.00	exempt
<input type="checkbox"/> C Spirits, Wine, Beer On & Off Sale - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> M Bottle Club (Spirits, Wine, Beer, On Sale)	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> H Nonprofit Corporation	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> K Wine Only, Off Sale	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> O Boat	\$45.00	\$50.00	exempt
<input type="checkbox"/> V Manufacturer of Beer, Wine & Distilled Spirits	\$45.00	Varies \$100 to \$1,000	*\$10,000 min.
<input type="checkbox"/> X Wholesale Liquor	\$45.00	\$500.00	*\$ 5,000 min.
<input type="checkbox"/> W Wholesale Beer	\$45.00	\$250.00	*\$ 5,000 min.
<input type="checkbox"/> Y Farm Winery	\$45.00	\$250.00	*\$ 1,000 min.
<input type="checkbox"/> L Craft Brewery (Brew Pub)	\$45.00	\$250.00	*\$ 1,000 min.

TYPE OF APPLICATION *	NAME OF PERSON ASSISTING WITH APPLICATION
Type of application being applied for (check appropriate box)	RECEIVED
1. <input type="radio"/> Individual License requires Form 1 to be attached.	Name <u>Rosalind R. Sells</u> SEP 18 2003
2. <input type="radio"/> Partnership License requires Form 2 to be attached.	Firm Name <u>Kwik Shop, Inc.</u> Address <u>NEBRASKA LIQUOR CONTROL COMMISSION</u>
3. <input checked="" type="radio"/> Corporate License requires Forms 3 and Manager Application to be attached	<u>8942 Blondo Street - Omaha, NE 6</u>

SECTION A -- LOCATION INFORMATION -- Must be completed by all applicants

Trade Name (name of business) <u>Kwik Shop #619</u>		Telephone Number at premise to be licensed <u>402-391-1808-Offi</u>	
1) Street Address of Proposed licensed premise <u>2302 Cornhusker Hwy</u>		2) Mailing Address for receipt of Liquor Control Commission mailings <u>8942 Blondo Street</u>	
City <u>Lincoln</u>	County <u>Lancaster</u>	City <u>Omaha</u>	County <u>Douglas</u>
Zip Code <u>68521</u>	Is this located inside the city limits? <input checked="" type="radio"/> Yes <input type="radio"/> No	Zip Code <u>68134</u>	

DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations where only a portion of the entire bldg. is to be covered by the license. No blue prints will be accepted. Be sure to indicate the direction North and number of floors of the building.

one story bldg. approx
42' x 82'

☒ 1-Story Building
Entire Building is 42 x 82
Storage will be 10 feet on
SW of Building
Small Beer display-3ft by
Front window on North Side
Beer Doors on NW Side
Sales at register on NE Side

Example: East portion approximately 50' x 100' of
main floor of 3 story building plus basement.
Approximately 30' x 50' at the East end.

The liquor will be on
a 3ft shelf behind
the counter

↑
see added
description

SECTION B

OTHER INFORMATION REQUIRED *

	Yes	No	Explanation/Comments Note: Only what is visible on screen will be printed
<p>* 1. READ CAREFULLY. Answer completely and accurately.</p> <p>Has anyone who is a party to this application, or their spouse, ever been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law, or a violation of a local law, ordinance or resolution. Include any DWIs or DUIs. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.</p>	Yes <input type="radio"/>	No <input checked="" type="radio"/>	
<p>* 2. Are you buying the business and/or assets of a licensee? If yes, submit a copy of the sales agreement with a listing of assets being acquired including liquor inventory (name brand and container size required).</p>	Yes <input type="radio"/>	No <input checked="" type="radio"/>	
<p>* 3. Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license? If yes, attach copy.</p>	Yes <input type="radio"/>	No <input checked="" type="radio"/>	
<p>* 4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.</p>	Yes <input type="radio"/>	No <input checked="" type="radio"/>	
<p>* 5. Will any person or entity other than licensee be entitled to a share of the profits of the establishment? If yes, explain.</p>	Yes <input type="radio"/>	No <input checked="" type="radio"/>	

<p>* 6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others? If yes, list such items and the owner.</p>	<p>Yes <input type="radio"/></p>	<p>No <input checked="" type="radio"/></p>	
<p>* 7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business? If yes, explain?</p>	<p>Yes <input type="radio"/></p>	<p>No <input checked="" type="radio"/></p>	
<p>* 8. Are the premises to be licensed within 150 ft. of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 ft. of a college or university campus? If yes, list the name of such institution and where it is located in relation to the premises. Per Sec. §53-177.</p>	<p>Yes <input type="radio"/></p>	<p>No <input checked="" type="radio"/></p>	
<p>* 9. Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the persons exact duties.</p>	<p>Yes <input type="radio"/></p>	<p>No <input checked="" type="radio"/></p>	
<p>10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the person(s) who will be authorized to write checks and/or make withdrawals on accounts at such institutions.</p>	<p>First National Bank Depository Only Beer Deliveries will be paid with Money orders</p>		
<p>11. List all past and present liquor licenses held by any person named in this application. Include license holder name, location of license and license number. Also list reasons for termination of any licenses previously held.</p>	<p>See attached Exhibit "D"</p>		
<p>12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.</p>	<p>Mary Elizabeth Hoage - Apr 30 hours a week</p>		

13. List the training and experience of the person listed in #12 above in connection with selling and/or serving alcohol products.

"We card program" & 25 years of experience.

14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership, if leased submit a copy of the lease covering the entire license year. (Documents must show title or lease held interest in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed)

See Exhibit "E"

15. When do you intend to open for business?

October 27, 2003

16. List the principal residence for the past 10 years for all persons required to sign application. If necessary attach a separate sheet.

NAME	FROM (YEAR)	TO (YEAR)	RESIDENCE (CITY, STATE)
Michael Hoffmann	2001	Present	Hutchinson, KS
	1998	2001	Lancaster, PA
	1994	1998	Temple, TX
	1970	1994	Houston, TX
	1953	1970	New Brunsfels, TX

OCT-9-2003 23:31 FROM:NEBRASKA LIQUOR CONT 402-471-2814

TD:914023911751

P:2/2

The undersigned applicant(s) hereby consent(s) to a background investigation and release of present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and/or inaccurate.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public. Must be signed by applicant and spouse: If a partnership, all partners and spouses must sign and corporation, all stockholders (holding more than 25% of the stock), officers, directors and spouses must sign. Full names only, initials not acceptable.

Sign
HereSign
HereX Sign
HereSign
HereX Sign
HereSign
HereX Sign
HereSign
Here

RECEIVED

SEP 18 2003

NEBRASKA LIQUOR
CONTROL COMMISSION

Subscribed in my presence and sworn to before me this 5th day of September, 2003

(SEAL)



In compliance with ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternative format.

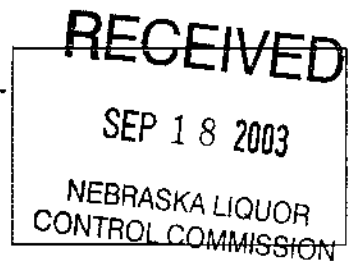
Sign
Here

Notary Public Signature

FORM 35-4010

1
REV 1/01

Corporation/LLC Application for License - Form 3
Nebraska Liquor Control Commission



INSTRUCTIONS:

- 1) Application and application for manager must be typewritten and submitted in triplicate
- 2) Fingerprint cards (2 cards per person) must be submitted for: a) each stockholder owning over 25% of the stock, b) chief executive officer, c) proposed manager and d) all spouses
- 3) Information regarding spouses must be completed

Required areas marked by a red asterisk (*)

Name of Corporation That Will Hold License. **Attach copy of Articles of Incorporation**

Kwik Shop, Inc /DBA: Kwik Shop # 619

Total Number of Shares (if corporation)

0 *

Corporate Street Address

734 East Fourth Avenue - Hutchinson, KS

Mailing address for receipt of Liquor Control Commission Mailings

8942 Blondo Street, Omaha, NE 68134 *

Corporate Telephone Number

402-391-1808 *

City

Omaha *

County

Douglas *

State

NE *

Zip Code

68134 * -

Name of Registered Agent

CT Corporation *

Name of Proposed Manager

Mary Elizabeth Hoage *

IN THIS SECTION LIST THE NAME OF THE CHIEF EXECUTIVE OFFICER

Name

Michael Hoffmann *

Title

President, Kwik Shop, I *

Date of Birth

*

Social Security Number

*

Home Address (1)

2401 Hawthorne Lane *

City

Hutchinson *

State

KS *

Zip Code

67502 * -

Home Telephone Number

620-665-1464 *

PRINCIPLE OFFICERS, DIRECTORS, STOCKHOLDERS, MEMBERS AND SPOUSES

Name of Officers, Directors, Members and Spouses. **Give Last Name, First Name, Middle, Maiden, and any aliases**

Social Security Number

Date of Birth

Title

Name

Hoffmann, Michael

President

Spouse Name

Hoffmann, Karen, Ann, Lanoux, Blakem

Partner Number of Shares / %

0

Spouse Number of Shares / %

0

Name of Officers, Directors, Members and Spouses. **Give Last Name, First Name, Middle, Maiden, and any aliases**

Social Security Number

Date of Birth

Title

Name

Stewart, Ronald

Vice President

Spouse Name

Stewart, Edwina, Elizabeth, Arrellano

Partner Number of Shares / % Spouse Number of Shares / %

Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases

Social Security Number

Date of Birth

Title

Name

Spouse Name

Partner Number of Shares / % Spouse Number of Shares / %

Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases

Social Security Number

Date of Birth

Title

Name

Spouse Name

Partner Number of Shares / % Spouse Number of Shares / %

Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases

Social Security Number

Date of Birth

Title

Name

Spouse Name

Partner Number of Shares / % Spouse Number of Shares / %

(If Necessary, Continue on Separate Sheet)

Is this Corporation/LLC controlled by another Corporation?

Yes ☒ No ☐

Name of control Corporation

IF YES, LIST EACH STOCKHOLDER/MEMBER OWNING MORE THAN 25% stock/interest in that corporation/LCC. Any applicant who has a Corporation as a shareholder MUST file an organizational chart listing all shareholders and/or corporations owning more than 25% stock and listing of the percentage of stock owned.

Please indicate below your corporate tax year with the IRS

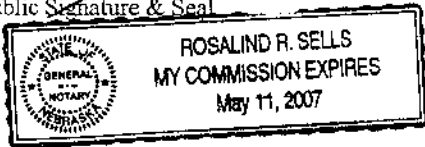
Starting date: Ending date:

State of Nebraska

Sarpy County

)
) ss.
)

Rosalind R. Sells
Notary Public Signature & Seal



In Compliance with ADA, this form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

By *[Signature]*
President/Member

Michael Hoffmann

[Signature]
Secretary/Member
Ronald Stewart

Verify Form and Print

FORM 35-4183
REV. 02/01

RECEIVED
SEP 16 2003
NEBRASKA LIQUOR
CONTROL COMMISSION